

WRITE PLAINLY—USE UNFADING BLACK INK—MARRIAGE PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27889
Registrar's No. 332

FILED SEP 6 1941

Registration District No. 87

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Milton Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased exact unknown
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Unknown

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name "
(City, town, or county) (State or foreign country)

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fannie Adams

(b) Address 705 Lexington

17. (a) Burial (b) Date thereof 8-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County #arm

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 8-23-41 (b) Belle Hinkle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him im alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion 5 minutes

Due to Hypertension

Due to _____

Other conditions Arteriosclerosis of Prostate
(Include pregnancy within 3 months of death)

Major findings: None 9/4/41

Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Porter (M. D. or other) _____

Address Poplar Bluff, Mo Date signed 8-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 941-1300

Date Filed 9/4/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.